

ImmTrac Provider Working Group

Priority High Leverage Actions

Progress Review – June 5, 2007

Priority	High Leverage Action	Progress	Next Steps
1	Target Birth Registrars and educate on the benefits (G1)	<ul style="list-style-type: none"> • Birth Registrar Education Initiative – Education and technical assistance for low-performing hospitals. • Surveyed high-performing hospitals to identify best practices; shared best practices with low-performers. • Implemented BR recognition program – <i>ImmTrac Award for Excellence</i>. • Produced <i>BR Resource Guide</i>. • Enlisted Health Service Region (HSR) and Local Health Department (LHD) staff. • Significant improvement in BR/birthing center performance during 2006. • Purchased ads to recognize and thank BRs for their role. 	<ul style="list-style-type: none"> • Continue working with low-performers. • Work with health educators and Lamaze instructors to educate expectant parents. • Implement SB11 to facilitate newborn consent verification.
2	Data entry through clearinghouse / billing data (TISWG)	<ul style="list-style-type: none"> • Implemented Electronic Data Translation (EDT) capability; ImmTrac can now accept electronic files in virtually any format (e.g., billing/837, spreadsheet, database, text). • Working with EMR vendors to facilitate provider reporting; Nine commercial EMR systems are currently capable of generating data file, three entities are reporting through “custom” applications. • Increased staff to work with EDT and other electronic reporting. • ImmTrac HL7 “Message Profile” released; currently under review by potential data exchange partners. • HL7 Pilot Project initiated. 	<ul style="list-style-type: none"> • Continue work with EMR vendors to facilitate reporting via EDT or HL7. • Work with TMA/TPS to identify EMR vendors. • Communicate with EMR vendors regarding SB 204.
3	Approach large physician groups first (large = 25+ pediatricians) (G2)	<ul style="list-style-type: none"> • Phase Two of EDT pilot project will involve working with large physician groups identified by HSRs statewide. 	<ul style="list-style-type: none"> • Work with TMA/TPS to identify large physician groups. • Work with IPWG to identify strategies.

4	Physician and/or administrative champion to see implementation through (G2); enlist physician champions to influence peers (TISWG)	<ul style="list-style-type: none"> TISWG and IPWG members and other Stakeholders have worked to support legislation to improve Registry and enhance Registry utility. 	<ul style="list-style-type: none"> Work with IPWG to identify physician champions and strategies. Brainstorm Session 6/5/07.
5	Get school nurses to add immunization data (G1)	<ul style="list-style-type: none"> Schools represent approximately 50% of ImmTrac user sites. Coordinated school nurse promotion and education efforts with child care facility and Head Start efforts. Exhibited and/or presented at School Nurse, Head Start and child care conferences. Developing new brochure targeting school nurse, Head Start and child care facilities. 	<ul style="list-style-type: none"> Technical enhancements are planned to facilitate use by school nurses.
6	Commitment to educate within organized medical roundtables/forums, etc. (G3)	<ul style="list-style-type: none"> ImmTrac Program Specialists are available to speak at conferences and forums. Purchased ad space in Texas Assoc. of Family Physicians magazine to promote “effective use” of ImmTrac. 	<ul style="list-style-type: none"> Couple with Priority #4 and #10a. Work with IPWG to identify opportunities and strategies for physician education. Brainstorm Session 6/5/07.
7	Grassroots campaign to get volunteers to do data entry; such as RSVP (G3)	<ul style="list-style-type: none"> DSHS is working with RSVP in several areas statewide to educate Birth Registrars about ImmTrac. Provided ImmTrac literature and information for dissemination to Birth Registrars and parents. 	<ul style="list-style-type: none"> Work with IPWG to identify local opportunities for data entry volunteers.
8	Train the physicians staff (G2)	<ul style="list-style-type: none"> ImmTrac staff has trained HSR and LHD staff to inform, educate and train physicians staff locally. Immunization Branch is expanding infrastructure for ImmTrac training and support; ImmTrac Outreach Specialists are being deployed by LHDs statewide to work with parents and physicians to improve ImmTrac immunization records. “Vaccine University” – Online training system being developed for Immunization Branch will include several modules relating to ImmTrac. 	<ul style="list-style-type: none"> Continue support for HSRs and Outreach Specialists. Continue development of Vaccine University training modules.

9	Get health plans to report activities (with incentives if needed) (G1)	<ul style="list-style-type: none"> Health plans currently registered with ImmTrac: 44 <ul style="list-style-type: none"> Health plans reporting: 38 Reporting directly to ImmTrac: 24 Reporting Medicaid/CHIP data via HHSC: 18 Working with Health Plan/Payor Working Group (HPPWG) to facilitate reporting and utility, educate participating physicians and member clients about Registry. Refer to <i>For the Record...</i> (April 2007) for article about health plan use of Registry data (Driscoll Children's Health Plan and Parkland Community Health Plan) 	<ul style="list-style-type: none"> Continue work with HPPWG to improve reporting and educational efforts. Work with TAMP to encourage health plan educational activities and innovative use of Registry data.
10a	Educate providers to encourage "ownership and involvement" (TISWG)	<ul style="list-style-type: none"> See Priority #6. 	<ul style="list-style-type: none"> Couple with Priority #6. Work with IPWG to identify opportunities and strategies for physician education. Brainstorm Session 6/5/07.
10b	Hands-on training for those not using program may increase participation (G3)	<ul style="list-style-type: none"> See Priority #8. 	<ul style="list-style-type: none"> See Priority #8.
10c	Give TWICES to providers that don't have other access to systems that feed ImmTrac (G1)	<ul style="list-style-type: none"> Enhanced ImmTrac-TWICES interface is currently in development; interface will allow real-time reporting of immunizations to ImmTrac via TWICES and real-time download to ImmTrac data to TWICES record. ImmTrac-PICS and TWICES-PICS interfaces are in development to facilitate vaccine inventory management. ImmTrac-TWICES-PICS system will be rolled out to private providers on a limited basis as interfaces are completed. 	<ul style="list-style-type: none"> Continue development of ImmTrac-TWICES-PICS integration.
10d	Make ImmTrac information/consent information available at daycare centers, Head Start, WIC (G1)	<ul style="list-style-type: none"> Collaborating with Texas Association of Obstetricians and Gynecologists (TAOG) for education of expectant mothers about ImmTrac. Collaborating with Head Start, child care facilities, etc. for dissemination of ImmTrac information. Developed literature holders for display of ImmTrac brochure in physicians' offices, schools and child care facilities. Developing educational video for broadcast at physicians' offices and birthing facilities. 	<ul style="list-style-type: none"> Implement SB 11 to facilitate consent verification process.

Codes in () refer to original suggestion from IPWG brainstorm sub-group 1-3 or TISWG